

EXHIBIT A

CONSENT TO JOIN FLSA LAWSUIT

I understand that I may be eligible to join the action filed by Jose Mendoza ("Named Plaintiff") to recover unpaid wages, liquidated damages, attorneys' fees, and costs from Shalom Health Care, Inc. ("Defendant").

By filing this consent, I understand that **I designate the Named Plaintiff as my agent to make decisions on my behalf** concerning Fair Labor Standards Act litigation against Defendant including the method and manner of conducting this litigation, **entering into settlement agreements, entering into agreements with Named Plaintiff's counsel concerning attorneys' fees and costs**, and all other matters pertaining to Fair Labor Standards Act litigation against Defendant. These decisions and agreements made and entered into by the Named Plaintiff will be binding on me if I sign this consent.

I understand that the Named Plaintiff has entered into a Representation Agreement ("Representation Agreement") with Fair Labor Law PLLC ("Law Firm") which applies to all plaintiffs who file this consent. If I sign this consent, I agree to be bound by the Representation Agreement. I further understand that I may obtain a copy of the Representation Agreement before signing this consent or after by requesting it from the Law Firm.

I agree and understand that the Law Firm and/or the Named Plaintiff may in the future appoint other individuals to be Named Plaintiffs in Fair Labor Standards Act Litigation against Defendant. I consent to such appointment and agree to be bound by the decisions of such new Named Plaintiff(s) for all purposes related to Fair Labor Standards Act Litigation against Defendant. I further acknowledge that this consent is intended to be filed to recover my wages against Defendant in the action with the Named Plaintiff.

By choosing to file this consent, I understand that I will be bound by a judgment of the court. I will also be bound by any agreements negotiated on behalf of all Plaintiffs.

I consent to join in the action as a party-plaintiff to recover my unpaid wages.


Signature

1-24-2023
Date

Gloria Hernandez
Printed Name